

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

**01 - 26**

2. STATE  
NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**October 1, 2001**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.54**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.18-A, page 1 and  
Attachment 4.18-C page 1**

7. FEDERAL BUDGET IMPACT:

a. FFY **01-02** (\$7,593,619)

b. FFY **02-03** (\$5,039,073)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

**Attachment 4.18-A, page 1 and  
Attachment 4.18-C page 1**

10. SUBJECT OF AMENDMENT:

**Amount of co-payment that a Medicaid recipient is required to pay for brand name drugs**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Carmen Hooker Buell**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**December 27, 2001**

16. RETURN TO:

Office of the Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, North Carolina 27699-2001

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**December 27, 2001**

18. DATE APPROVED:

**March 21, 2002**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**October 1, 2001**

21. TYPED NAME:

**Eugene A. Grasser**

20. SIGNATURE OF REGIONAL OFFICIAL:

**Associate Regional Administrator  
Division of Medicaid and State Operations**

23. REMARKS:

Revision: HCFA-PM-85-14(BERC)  
September 1985

Attachment 4.18-A  
Page 1  
OMB No: 0938-019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay	
Podiatrist			X	\$1.00 per visit based on the State's average payment of \$20.87 per visit
Outpatient			X	\$3.00 per outpatient visit; based on the State's average payment of \$109.55 per outpatient visit
Physicians			X	\$3.00 per visit; based on the State's average payment of \$50.22 per visit
Legend drugs & insulin			X	\$1.00 per prescription for Generic drugs based on the State's average payment of \$19.99 per prescription \$3.00 per prescription for Brand Name drugs based on the State's average payment of \$79.68
Dental			X	\$3.00 per visit; based on the State's average payment of \$75.86 per visit
Chiropractic			X	\$1.00 per visit; based on the State's average payment of \$20.41 per visit
Optical supplies and services			X	\$2.00 per visit; based on the State's average payment of \$33.74 per visit
Optometrists			X	\$2.00 per visit; based on the State's average payment of \$33.23 per visit

TN No. 01-26  
Supersedes  
TN No. 92-30

**MAR 21 2002**  
Approval Date \_\_\_\_\_ Effective Date 10/01/01

Revision: HCFA-PM-85-14(BERC)  
September 1985

Attachment 4.18-C  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OMB No: 0938-019

State: North Carolina

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay	
Podiatrist			X	\$1.00 per visit based on the State's average payment of \$20.87 per visit
Outpatient			X	\$3.00 per outpatient visit; based on the State's average payment of \$109.55 per outpatient visit
Physicians			X	\$3.00 per visit; based on the State's average payment of \$50.22 per visit
Legend drugs & insulin			X	\$1.00 per prescription for Generic drugs based on the State's average payment of \$19.99 per prescription \$3.00 per prescription for Brand Name drugs based on the State's average payment of \$79.68
Dental			X	\$3.00 per visit; based on the State's average payment of \$75.86 per visit
Chiropractic			X	\$1.00 per visit; based on the State's average payment of \$20.41 per visit
Optical supplies and services			X	\$2.00 per visit; based on the State's average payment of \$33.74 per visit
Optometrists			X	\$2.00 per visit; based on the State's average payment of \$33.23 per visit

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